



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TEXAS 75202-2733

Property ID: _____
Longitude: - _____
Latitude: : _____
Type: _____

CONSENT FOR ACCESS TO PROPERTY

Name of Owner: _____

Address/Description of Property: _____

() I no longer own this property.

() No, I do not want the EPA to have access to sample this property.

() I consent to officers, employees, contractors, and authorized representatives of the United States Environmental Protection Agency (EPA) entering and having continued access to my property for response activity as may be determined by the EPA to be necessary. Part of the response activity may include, but not be limited to, the following:

- The taking of samples, surface and subsurface, including but not limited to soil, sediments, water, and air, and other solids or liquids stored or disposed of at the property as may be determined to be necessary;

- The review and copying of documents and other records on the property that may be pertinent to the investigation of hazardous substances, hazardous waste, pollutants or contaminants, including the temporary taking, as necessary, of documents and other records for copying and/or scanning purposes;

- Other investigative actions at the property as may be necessary to determine the nature, extent and potential threat to human health and the environment, and;

- The taking of such response actions as may be necessary, including stabilization of the site property; securing the site property; the removal and disposal of chemicals, chemical containers, and soil, and; the demolition and disposal of existing structures to mitigate any potential threat(s) to human health and the environment.

I recognize that these actions by the EPA are undertaken in accordance with its response and enforcement authorities contained in the Comprehensive Environmental Response, Compensation, and Liability Act ("CERCLA"), 42 U.S.C. § 9601 *et seq.*

I am the property owner, and I warrant that I have the authority to enter into this access agreement. This written permission is given by me voluntarily with knowledge of my right to refuse and without threats or promises of any kind.

Date

Signature

Print Name

Phone Number

Analytical Results

Place a check mark in the appropriate space. Please note that if no selection is made, the EPA will assume that you do not wish to be provided with the analytical results.

() Please provide me with a copy of the analytical results for my property.

() Send results to: _____

() I do not wish to receive a copy of the analytical results for my property.